



# INTERNAL REVENUE SERVICE TAX COMPLIANCE CERTIFICATION for Registered Farm Labor Contractors

|   |  |
|---|--|
| Applicant Name: [Last, First, Middle Initial]<br>.....<br>[Mark one box] Owner <input type="checkbox"/> Authorized Tax Matters Person <input type="checkbox"/><br>Business Name:<br>.....<br>DBA (Doing Business As), if applicable:<br>.....<br>Have you done business under any other business name or<br>Employer Identification Number (EIN)? Yes <input type="checkbox"/> No <input type="checkbox"/><br>If "Yes", please list names(s) and EIN number(s) below:<br>Name: ..... EIN: .....<br>Name: ..... EIN: ..... | Social Security Number (SS#):<br>.....<br>Type of Business: [Mark one box and list Tax ID Number]<br>Sole Proprietor <input type="checkbox"/> .....<br>Partnership <input type="checkbox"/> .....<br>Corporation <input type="checkbox"/> .....<br>Other (Specify) <input type="checkbox"/> .....<br>Did you have employees working for your business in the past<br>12 months? Yes <input type="checkbox"/> No <input type="checkbox"/> If "Yes", number: .....<br>Do you expect to have employees working for you in the next<br>12 months? Yes <input type="checkbox"/> No <input type="checkbox"/> If "Yes", number: ..... |
| Address: [List Street/PO Box, City, Zip Code]<br>.....<br>.....   | Daytime Telephone Number:<br>( ) .....<br>Fax Number:<br>( ) .....   |

## For Official Use Only

### Do Not Write Below This Line

**[This section to be completed in full by IRS staff only.]**

## INTERNAL REVENUE SERVICE CERTIFICATION

[Mark one box, then sign and date form]

|                               | YES                      | NO                       | N/A                      |
|-------------------------------|--------------------------|--------------------------|--------------------------|
| Outstanding Liability         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>Returns Filed:</u>         |                          |                          |                          |
| Payroll [Forms 941, 940, 943] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Individual Income [Form 1040] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Corporation [Form 1120]       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other (Specify).....          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| .....                         |                          |                          |                          |

**In Compliance** ☐

**Not In Compliance** ☐

Signature of IRS Certifying Official: \_\_\_\_\_ Date: \_\_\_\_\_

Forms may be certified by contacting the INTERNAL REVENUE SERVICE at the following address, or it may be sent to their fax number listed below. Upon certification by the IRS, return this form to the Farm Labor Contracting section of the Department of Labor and Industries at the address listed on the top of this form.

**Fax Number**  
(503) 326-7441

**Phone Number**  
(503) 326-2141

**Address**  
Internal Revenue Service  
M/S 0517 Attention: M. Alexander  
1220 S.W. 3<sup>rd</sup> Avenue  
Portland, Oregon 97204

**PRIVACY ACT STATEMENT:** The submission of your Social Security Number is voluntary. It will be used only for identification purposes to facilitate your application for a Farm Labor Contractor's license. Failure to provide this number may result in a delay of the application process.